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ABSTRACT

The comparative validity of observations recorded by volunteer telephone crisis workers was examined. To assess workers' listening and response skills, an instrument was devised to rate callers' expressed stress level, confidence in self, confidence in using other community resources, and duration of stress. Groups of 10 workers were invited to attend one-day sessions in which the four areas to be rated were discussed in depth. Using taped role play calls, designed to approximate specific stress levels, facilitators asked workers to rate calls on the four factors and then compare their ratings. Response styles were discussed and workers rated their own style. The group then rated the taped response styles. Results were compared verbally at the end of each session, and later reviewed for assessment of consistency across center workers. Emerging patterns suggested some areas where modification of initial interviewing, screening and training programs were appropriate. The scores from the taped role plays indicated variations in the way individuals heard the callers. These variations were greater on the initial role-play tape, showed more consistency on the second tape, and showed the highest discrepancy on the third tape. (Author)

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HANDLING STRESS - AN EVALUATION PROGRAM FOR TELEPHONE CRISIS WORKERS

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The idea for this project arose out of discussions based on a 1975 review of the systems of suicide prevention in Ontario, Canada. In this study, Hamilton (1) raised the question of the validity of observations recorded by volunteer telephone crisis workers for comparison between volunteers (inter-rater reliability), and to what degree this information could be more effectively used to provide a basis for policy development, programming, training, research, promotion, and community development of suicide prevention services.

The Toronto Distress Centre, a community based non-profit organization, is one of a network of crisis centres located in the Metropolitan Toronto area (population ca. 3,000,000). The North Toronto Branch was interested in improving its overall quality of service delivery, and after discussions with Hamilton and others working in the field in Ontario, decided to implement a pilot project having two basic objectives:

1. To measure inter-rater reliability across volunteers.
2. To report back to the community apparent correlations between individual stresses and external societal factors (e.g. unemployment).

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Further discussions took place on how to attain these objectives, and a review of the current literature on crisis centres was made (2). The quantity and variety of variables involved were eventually refined to four broad areas, and a simple rating instrument, with a continuum scale from 1-7, was devised to measure the four areas (Appendix A).

#1. The Caller's Expressed Stress

The concept of stress described by Selye(3) formed the underlying basis for this area. It was agreed that the program leader would ask the workers themselves to evolve the criteria for rating the tapes. The rationale for this decision was influenced by the following factors:

(a) telephone workers hear verbal clues.

(b) the immediacy of the caller's stress.

(c) diversity of individual characteristics of workers (age, life experience, social and ethnic background, and education.)

(d) length of experience in crisis work among volunteers.

#2. The Caller's Confidence in Self to resolve problem

The caller's perception of stress and his previous experience in coping with stressful situations is related to his or her confidence in resolving the problem. (4)

#3. Confidence in Using other Community Resources

By "other community resources", family and friends as well as professional therapists and other "helpers" were included. The caller's previous experiences in interacting with others was seen to affect the

degree of stress he or she would later experience in a given situation.

#4. Duration of Stress

It was considered that any clues to the duration of the caller's stress were of value, particularly in determining possible interventions. (5)

Pilot Phase

To attain the two objectives (assessing inter-rater reliability and providing more effective feedback), a six month pilot program was begun in November, 1975. Eight volunteer workers committed themselves to the six-month program, and a consultant with experience in training and development of workers in health and social services, was hired and oriented to the project.

The workers were invited to two evening sessions, and after an overview of the rationale of the project, reviewed the rating instrument, asking questions to clarify what each of the four categories meant. Each area was then "brainstormed", and after discussion, the group refined the criteria they would use to rate the four categories (Appendix B). The group then rated four role play tapes obtained form the University of Michigan. Their scores showed consistency across the group, only one person having an atypical rating. During discussion, this worker became aware of a bias. The group then used the new reporting format for six months, during their weekly four hour shifts on the telephone crisis lines. At the end of this period, a complete evaluation of the pilot phase was made, with all the workers participating. Three of the workers reported that they found rating each call on the four variables had become tiresome, distracting, and time consuming.

Four were enthusiastic. On worker left the Centre. All seven who had remained throughout the project reported that they felt they listened more intently to callers, felt more confident in handling very stressful calls, less inclined to panic, made more appropriate referrals to professional help, and were more confident in assessing lethality of suicidal callers.

A comparative sampling of one week's reports made in April, 1976, showed that the project group reported more positively on the outcome of the calls (i.e. if the caller's crisis had been resolved during the course of the call), than the workers who had not been involved with the program.

The reports form the pilot phase were then analyzed for content to see if we could meet objective 2 (more accurate feedback to the community). Our analysis did not indicate any more apparent value from this style of reporting, than from our standard broad statistical breakdown of calls, in terms of feedback to the community. We did feel, however, that this area warrants further research. Unfortunately, limits on staff time and funding prompted us to abandon further work for the time being.

It was decided that, based on the results of the pilot phase, it would be within the scope of the Centre to meet the first objective (assessmant of inter-rater reliability across volunteers), and that we should extend the program to include all volunteer workers. Each worker would then have the opportunity to participate in evaluating how they listened to the caller's expressed stress, and would also have an opportunity to assess their own

response styles (Appendix C).

Two years elapsed before we secured funding, by means of a grant from the Xerox Corporation of Canada, to carry out the training program. In January, 1978, the first session began with a group of ten workers. During the year, 72 out of our total volunteer corps of 115 men and women participated in monthly sessions.

Characteristics of the Participants

Of the 72 participants, 40% were male and 60% female. 54% were married, 35% had never married, and 11% were divorced or separated. Ages ranged from 21 to 75 years, 44% being in the 40-49 year age group. 22% in the 21-29 group, 11% age 30-39, 9% age 50-59, 5% in the 60-69 year group and 1 participant was over 70 years of age. 60% of the participants had completed high school, and the remaining 40% had either completed university or were still studying. The chief occupational groupings were housewives (19%), clerical workers (17%), business executives (16%) and 16% were either full or part-time nursing or social work professionals. 11% of the group were full time students in disciplines ranging from law and medicine to the social sciences and humanities.

All the participants had undergone the Centre's initial training program followed by a two month closely supervised probationary period on the phones. The initial training program is experiential, involving role playing, and is designed to include broad assessment of process variables, as described by Truax and Carkhuff, (6), the major functions of the telephone crisis worker as described by Litman and Farberow (7), and a brief overview of

crisis intervention theory. (8)

Procedure

The same basic format as previously described for the pilot group was followed, with the added factor of evaluating response styles, using Johnson's (9) style definitions and questionnaire (Appendix C).

Nine groups met during the year, the average number of participants ranging from 6-8 people. The sessions, held on Saturdays, lasted from 10 a.m. until 4 p.m. The main objectives of the program were explained to the group at the beginning of each session. A short exchange of views focussing on stress and distress then took place, where several concepts were introduced, often by the workers themselves.

A simple formula illustrating the relationship between the precipitating stress event, the client's perception of the event, and his or her current level of stress was found useful. (Stress event + Client's Perception = Stress Level). Following the discussion, the group was then involved in "brainstorming" to identify criteria that might indicate high or low levels of stress. The original criteria developed by the pilot group was used to check out each group's criteria. There was little noticeable difference among the groups in identifying the same criteria. Three role plays, which had been taped, were played for 3-5 minutes. These were designed to approximate different levels of stress (Table 1). Each participant rated the call according to the criteria. There was a short and usually lively discussion of ratings after each excerpt.

The participants then completed and scored a written questionnaire on listening and response styles (Appendix C). They then discussed the definitions and appropriate use of each of the five styles. Individual scores were not

revealed to the group, but each worker could see if he or she tended to emphasize one or two styles. It was emphasized by the program consultant that an ideal style does not exist, but each style may be appropriate depending on the nature of the caller's communication. The group then listened to three more tapes, focussing on the volunteer's responses. They reported that completing the written questionnaire had increased their awareness of different styles, and were critical of some of the taped responses.

Findings

(a) Inter-rater reliability

48% of the 72 respondents rated Tape #1 at the stress level intended on the tape (high 6-7), while 44% rated the caller's stress slightly lower (4-5). The ratings for the same tape on the "confidence in self" variable, showed 61% rated at the level intended (low 1-2), while 27% had a slightly higher rating (3-4). In the third variable, caller's confidence in using outside resources, 41% scored at the level intended (4-5), while 38% perceived the caller as having low (1-2) confidence in using outside resources. All respondents rated duration of stress at the level intended (caller had been experiencing stress for some months, up to one year).

Scores of Tape #2 shoed that the majority of respondents (61%), rated the stress level at the intended level.

The intended stress level on Tape #3 was low (1-2), and was scored correctly by only 26% of the respondents. 48% scored this at a moderate stress level (3-4), and 25% rated stress as high (6-7). 38% rated confidence

in use of outside resources at the intended level, 36% rating this as high (6-7). 41% scored at the intended level of confidence in self, 31% scored at moderate (3-4) and 18% felt the caller had much confidence in self (5-6). On all three tapes, there was a consistency across all ratings regarding duration of stress, corresponding with the intended tape level.

(b) Response Style Ratings

Based on Johnson's (9) five style definitions, the participants' scores were:

Evaluative	10.3%
Interpretive	15.1%
Supportive	11.0%
Probing	33.0%
Understanding	30.6%

It appeared that probing and understanding were the overall predominant styles. This would seem to be an acceptable pattern inasmuch as probing suggests that workers ask for information from the callers, and tend to follow this up with an understanding response. In the sessions, workers were cautioned that probing responces can turn into interrogations if carried out to excess, and may put the caller on the defensive.

Discussion

The purpose of this program was for evaluation and assessment of inter-rater reliability. Constraints on time, manpower and budget did not permit a more sophisticated research design, with pre-test, post-test, control groups, etc. However, some inferences can be drawn from the results of the scoring of the taped role plays. These scores indicated variations in the way individuals heard the callers. These variations were greater on the

initial role play tape. They showed more consistency in the second tape, but it was in the third tape that the highest discrepancy in scores occurred. The first two tapes were both intended to simulate callers having a high stress level, whereas in the third tape, the expressed stress level was low, the caller's confidence in self was low, and confidence in using outside resources was low; duration of the stress was intended to be of some years' standing.

Simulated role plays can only approximate a real crisis call, but despite this limitation, several participants over the year reported that if the consultant had not pointed this out, they would have thought the role plays to be actual taped recordings of real calls.

It seems of some significance that after two "high stress" calls, the workers rated a "low stress" call at a higher level than was intended on the tape. This fact provided an opportunity to discuss the effect on the workers' own stress level and degree of discomfort in handling very stressful calls. The high ratings given to a low stress call immediately following the high stress call could indicate the workers may project their own feelings of stress and anxiety which could carry over from one call to the next. The issue is debatable, but it is quite possible that the ever recurring discussions revolving around the "problem of the chronic caller' may be in fact some reflection of problems workers are confronted with within themselves. After handling dramatic, highly stressful situations, to pick up the telephone and hear the voice of someone who calls every day, always presenting variations on the same story, can arouse mixed feelings in the worker - perhaps the regular caller may get short shrift from the worker who is recovering from

a stressful call. Rudestam (10) in a presentation to the second Canadian Conference of Crisis Centres in 1978, spoke of the stress of the chronic caller as a challenge, not as a problem. I would venture that crisis workers who are educated to perceive the regular caller in this way, will respond more appropriately.

The evaluation of response styles drew mixed reactions from the participants, and we feel this is an area that requires further work. In general, it was perceived as valuable, participants reported that they had increased their awareness of how different responses can affect the outcome of a call.

Based on our experience with this program, training staff at the Centre have noted areas in the training program that can be improved. The major benefits noted by the participants were:

(1) the opportunity to get together with other workers to concentrate intensively and objectively on how they listened and responded

(2) increased awareness of their own strengths and weaknesses

(3) increased ability to relate to callers - phrases like "I feel more tuned in to what the caller is saying" were noticeable among the written evaluations of the sessions.

The major benefit for the Centre is the development of more objective criteria for assessment of workers' listening and response skills. However, skills are only of value in suicide prevention and crisis intervention work when they are combined with the warmth and concern of dedicated people.

TABLE I - Participants' Rating Scores

Tape #1	Rating Level Intended	Rating Levels - % Total Scores						No Score Returned	Total %
		1-2	2-3	3-4	4-5	5-6	6-7		
A Expressed Stress	6-7		5		44		48	3	100
B Confidence in Self	1-2	66		27		7		0	"
C Confidence in Outside Resource	4-5	38	8		41			13	"
D Duration	Months Year								"

Tape #2									
A Expressed Stress	6-7		2		34		61	3	100
B Confidence in Self	3-5		10	26	54			10	"
C Confidence in Outside Resource	1-2	54	15		30			1	"
D Duration	Weeks / Months								"

N

Tape #3									
A Expressed Stress	1-2	26		48		24	1	1	100
B Confidence in Self	1-2	41		31		18	2	8	"
C Confidence in Outside Resource	1-2	38		18		31		13	"
D Duration	Years								"

TABLE #2 - Participants scores by variables

	Rating Level Intended	Rating Levels - % Total scores						No Score Returned	Total %
		1-2	2-3	3-4	4-5	5-6	6-7		
A Expressed Stress									
Tape #1	6-7		5		44		48	3	100
Tape #2	6-7		2		34		61	3	"
Tape #3	1-2	26		48		24	1	1	"
B Confidence in Self									
Tape #1	1-2	66		27		7		0	100
Tape #2	3-5		10	26	54			10	"
Tape #3	1-2	41		31		18	2	8	"
C Confidence in Outside Resource									
Tape #1	4-5	38	8		41			13	100
Tape #2	1-2	54	15		30			1	"
Tape #3	1-2	38		18		31		13	"

Appendix A

Stress

Low High

1 2 3 4 5 6 7

1. Expressed Stress

CRITERIA:

Low High

1 2 3 4 5 6 7

2. Confidence in self to solve problem

CRITERIA:

Low High

1 2 3 4 5 6 7

3. Confidence in using outside resources

CRITERIA

4. How long has the problem lasted? (Approximate)

Weeks_____ Months_____ Years_____

3. CONFIDENCE IN USING OUTSIDE RESOURCES

Low High
1 2 3 4 5 6 7

Objective Criteria

Age — Failure/success in past use of resources
Intellect — Current use of outside resources (Work, family, friends, agencies, etc)

Rejection of referral — Failure to listen when referral is given
Financial status — Language & Culture

Subjective Criteria

Faith in other resources — Nature of problem - embarrassment
Unreasonable expectations

4. IMMEDIACY

Weeks_____ Months_____ Year_____ Low High
1 2 3 4 5 6 7

APPENDIX β

DISTRESS CENTRE - Pilot Project

1. EXPRESSED DISTRESS

Low ——— High
1 2 3 4 5 6 7

Objective Criteria (Can be heard)

Crying	Silence	Inappropriate Response (Affect does not fit situation)
Tense voice	Laughter	
Criticism	Hesitancy	
Stammering	Despair	Aggressiveness
Sarcasm	Slurred speech	Anguish
		Manifest anger(Loud tone, shouting)

Subjective Criteria (Expressed by caller)

Apologetic	Guilt	Aloneness
Alienation	Numb feeling	Detached

Back-up Criteria (Supportive data indicating distress)

Obscenity	Brashness	Non-stop talking
Bravado	Fantasy	Incoherent thoughts

2. CONFIDENCE IN SELF TO SOLVE PROBLEM

Low--- ——— High
1 2 3 4 5 6 7

Objective Criteria

Age	Positive tone of voice (Sounds optimistic)
Intellect	Past experiences in character building
Reality oriented	Active - plans to do something

Subjective Criteria

Optimism	Hope	Feeling of self-worth
Motivated	Feel needed	

Back-up Criteria

Maturity	Sexual identity: secure - potent

Appendix C.

STYLE DEFINITIONS (Johnson)

Evaluative (E): A response that indicates the receiver has made a judgement of relative goodness, appropriateness, effectiveness or rightness of the sender's problem. The receiver has in some way implied what the sender might or ought to do.

Interpretive: (I): A response that indicates the receiver's intent is to teach, to tell the sender what his problem means, how the sender really feels about the situation. The receiver has either obviously or subtly implied what the person with the problem might or ought to think.

Supportive (S) : A response that indicates the receiver's intent is to reassure, to pacify, to reduce the sender's intensity of feeling. The receiver has in some way implied that the sender need not feel as he does.

Probing (P): A response that indicates the receiver's intent is to seek further information, provoke further discussion along a certain line, question the sender. The receiver has in some way implied that the sender ought or might profitably develop or discuss a point further.

Understanding (U): A response that indicates the receiver's intent is to respond only to ask the sender whether the receiver correctly understands what the sender is saying, how the sender feels about the problem, and how the sender sees the problem. This type of response is usually referred to as paraphrasing.

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The categories of response are in themselves neither good or bad. It is the overuse or underuse of any of the categories that may not be a functional or the failure to recognize when each type of response is appropriate that interferes with helping the sender and building a better relationship.

A major barrier to mutual understanding is the natural tendency to judge, evaluate, approve or disapprove of the messages of the sender. For this reason you should usually avoid giving evaluative responses in the early stages of a relationship or counselling situation. The usual reaction to evaluative responses is defensiveness and feelings of being threatened.

There may be times when a person tries to discuss an issue that you do not understand. Probing responses to get a clear definition of the problem before you respond may be helpful at that time.

Supportive responses are useful when the person needs to feel accepted or when he or she needs support to engage in new behaviour aimed at solving the problem.

Interpretation, if carried out with skill, integrity, and empathy, can be a powerful stimulus to growth. Interpretation is one form of confrontation.

The understanding response may be the most helpful in enablinfg the receiver to see the sender's problem from the sender's point of view. Relationships are best begun by using the understanding response until a trust level is established; then the other categories of response can be more freely used.

Applied Learning Labs. From Reaching Out by David W. Johnson.

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